

McLaren Print System Order

Order No: 61054 Reprint Previous Order No: 58046
 Order Date: 2021-03-17
 User: VICKI YAROCH
 Phone: 989-269-9521

Ship Location: **MCLAREN THUMB REGION**
 1100 S VAN DYKE
 BAD AXE, MI 48413

Forms

Quantity: 2500
 Paragon Dept No: 2210
 Dept Name: CENTRAL REGISTRATION
 Company Number: 530

Order Total Price: 75.50

Item Number: 210.116
 Item Description: Insurance Verification
 Revision Date: 06/2018
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER

MCLAREN THUMB REGION
INSURANCE VERIFICATION

| | | | |
|------------------|--|-----------|-----------------|
| Patient | | DOB | Date of Surgery |
| Dr. | | Procedure | Doctor |
| Date of Accident | | Location | Pl. Home # |
| Primary Center | | Policy | Insured |
| Secondary Center | | Policy | Insured |
| Where Employed | | Pre-Op | |

| Benefits | Primary | Secondary | Third |
|--------------------------|----------|-----------|-----------------|
| Pre Existing Wait Period | _____ | _____ | _____ |
| Effective Date | _____ | _____ | _____ |
| Exclusions/Explan | YES / NO | YES / NO | YES / NO |
| Deductible | _____ | _____ | _____ |
| Percentage Covered | _____ | _____ | _____ |
| Life Time Max | _____ | _____ | _____ |
| Remaining Benefits | _____ | _____ | _____ |
| Open Form Needed | _____ | _____ | _____ |
| Second Opinion | _____ | _____ | _____ |
| Out of Pocket | _____ | Pre-Get | Y _____ N _____ |

Verified with (name): _____

Phone # _____

Date Verified _____

Utilization Review

Phone # _____

Authorization # _____

Days Authorized _____

Authorized by _____

Patient Deductible _____ Paid on Surgery / Procedure Date _____

Advance Payment Required _____

Discussed with Patient on _____ By _____

210 116 06 18